

Claim

Please fill out in PRINT LETTERS!

Please send the part to the following address:

Zädw Automotive
Kleiner Kamp 6
19288 Ludwigslust



Sender:

Customer Number: _____

Name: _____

Street / Nr.: _____

Postal Code / City : _____

Items	Amount	Price	Billing number

What do you complain about the goods ?

Important information for customers:

Please note that we need a detailed description of the fault for the exact fault diagnosis!

After the review, we will be happy to get in touch with you, we need a phone number or e-mail address:

mobile: _____

e-mail: _____

(to be completed by Zädw Automotive)

Acceptor:

Edit by:

Credit / shipped by:

Date / signature

Date / signature

Date / signature

